

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-003372

STATE FILE NUMBER

AMENDED

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 28

FILED JAN 23 1962

1. PLACE OF DEATH

a. COUNTY

St. Francis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Bonne Terre

Length of stay in 1b

-0-

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Bonne Terre Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

Mo.

b. COUNTY

Washington (admission)

c. CITY

OR

TOWN

Mineral Point

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Rt. 1

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Virgil

Middle

Z.

Last

Richards

4. DATE
OF
DEATH

Month

Day

Year

Jan. 12, 1962

5. SEX

Male

6. COLOR OR RACE

W

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

2-4-1923

9. AGE (last birthday)

38

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

Hauling

11. BIRTHPLACE (City and state or country)

Potosi, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Richard, Sr.

13b. MOTHER'S MAIDEN NAME

Ava Smith

14. NAME OF HUSBAND OR WIFE

Goldie Richard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

WW-2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Goldie Richard, Rt. 1 Mineral Pt., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Internal injuries

INTERVAL BETWEEN
ONSET AND DEATH

D.O.A.

Conditions, if any,
which gave rise to
above cause (a),
starting the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Automobile accident

20c. TIME OF
INJURY

Hour

Month, Day, Year

3:55

p.m.

JAN 12, 1962

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

Highway

20f. CITY, TOWN, OR LOCATION

Highway 8

COUNTY

Washington

STATE

Mo.

21. I attended the deceased from

to

and last saw her

him alive on

Death occurred at

4:30 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ted Boyer

Coroner

22b. ADDRESS

Bonne Terre Mo

22c. DATE SIGNED

1-12-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

1-16-1962

23c. NAME OF CEMETERY OR CREMATORY

Sunset Hills

23d. LOCATION (City, town, or county)

Potosi,

Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Donald Sparks Potosi, Missouri

25. DATE RECD. BY LOCAL REG.

Jan. 16, 1962

26. REGISTRAR'S SIGNATURE

Eather Rudloff

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1962

JAN 25 1962

APR 26 1962

FEB 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ronald Sparks
Licensed Embalmer No. 4819
P. O. Address Kotoi, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.